IN THE	IIMMED STA	TES DATE	NT.A.	ID TRADEMARI	ADEEICE	PATENT APP	LICATION		
in the	ED SIA	15				-			
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Inventor(s): HUOTARI	983,318	1 mm 0 2 2	002 d	Examiner: Atty. Dkt.	T. Gesesse P 244515	 2960609US	//2122		
	Social No. A	4.110 ,	Ţ,	Ally, DKI.	M#	Client Ref			
Filed: January 15, 1998	\4	THE TRANSM	- New Contract	Appln. Title:	METHOD FOR	RANSMITTIN	1G THE ~		
Hon. Commissioner of Patents		& TRANSA	VA.		IDENTITY OF A		/EG		
Washington, D.C. 20231					SUBSCRIBER T		_ ≥ ∵		
					SUBSCRIBER II COMMUNICATI		RECEIV		
Sir:	IT# ETTED			Deter		ONSTSTEM	≥		
<u>REPLY/AMENDMEI</u>	NI/LEI IER			Date:	May 22, 2002				
This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto. FEE REQUIREMENTS FOR CLAIMS AS AMENDED									
1. Small Entity claim									
A. NOT made For B & C See Required	Claims remaining after	Highest nur		Present Extra	Large/Small Entity	Additional Fee	Fee Code		
C. made herewith Separate Paper	amendment	previously pa	iid ior			ree	Lg/Sm		
D. made previously (Pat-256)									
2. Total Effective Claims	9	**minus	20	0	x \$18/\$9 =	+ \$0	103/203		
3. Independent Claims	4	***minus	4	0	x \$84/\$42 =	+ \$0	102/202		
4. If amendment enters proper multiple dependent claim(s) into this application for first /									
time (leave blank if this is a reissue a				add	+ \$280/\$140 =	+ \$0	104/204		
5. Original due Date: May 13, 200		NONE	4 \	0440/055		I a a a a a a a a a a a a a a a a a a a	115/015		
6. Petition is hereby made to exten			1 mo)	\$110/\$55 =	. 6440		115/215 116/216		
date to cover the date this response is filed for which the (2 mos) \$400/\$200 =					+ \$110		117/217		
requisite fee is attached (3 mos) $$920/$460 = (Usable only for \le 2mo.OA 4 mos) $1,440/$720=$							118/218		
	le <u>only</u> for ≤ ∠r <u>ly</u> for 30 day/1r			\$1,440/\$720= \$1,960/\$980=			128/228		
7. Enter any previous extension fee p	- \$0								
8.					Extension Fee	+ \$110	1 10/0/10		
9. If Terminal Disclaimer attached,					+ \$110/\$55	+ \$0	148/248		
10. If IDS attached requires Official Fee under Rule 97 (c), add					+ \$180	+ \$0	126 126		
or if Rule 97(d) Request	+ \$180								
11. After-Final Request Fee per rules	+ \$740/370	+ \$0	146/246						
12. No. of additional inventions for ex	x \$740/370 ea	+ \$0	149/249 1179/1279						
13. Request for Continued Examinat	+ \$740/370	+ \$0	11/9/12/9						
14. Petition fee for					TOTAL SEE	+ \$0			
15.					TOTAL FEE =	\$110			
16. *If the entry in this space is less than entry in next space, the "Present Extra" result is "0". 17. **If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.						PLEASE C	HARGE		

18. ***If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.

OUR DEP. ACCT.

Our Deposit Account No. 03-3975) 244515 (Our Order No. <u>60258</u>

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

This CHARGE STATEMENT does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is

Query: Is appeal deadline now? If so, file Notice of Appeals separately

Pillsbury Winthrop LLP **Intellectual Property Group** By Atty: Christine H. McCarthy 1600 Tysons Boulevard McLean, VA 22102

Reg. No. 41844

(703) 905-2500 Fax: Sig: Tel: (703) 905-2143

Atty/Sec: CHM/EED

Tel: (703) 905-2000

NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments

NOTICE OF FEE DUE

DATE:	5-23-02 1+D		
TO:	- GP		. •
FROM:	Office of Initial Patent Examina	ation	
SUBJECT	: Fee Due		
APPLICA	TION NUMBER: <u>08</u> <u>983</u>	318	
Office for authorization charge the	ne for the attached document substitute following reason. Please che ion to charge a deposit account. Appropriate fee. If an authorizate	ck the application If an authorization	is present, please
the fee def	ficiency.		
□ Insuff	icient fee by check		·
Insuff	icient funds in deposit account		
□ Declir	ned credit card		e e
□ Non a	uthorization for charge to deposi	t account	
□ No fee	e submitted per requirement		
	•	S.	
The corre	ect fee code:	amount	<u>\$ 110</u>
The susp	ended fee code: 197	amount	- \$
Fee Due		amount	=\$
If you hav Eleanor R	ve any questions, please contact (Kurtz at 703-308-3642.	Cynthia Streater at	703-306-5430 or
Terminal	Operator		

